Effective on 12/08/2004.										
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL							215			
For FY 2008					Date	8/3/200	5			
					First Named Inventor		iek Ko			
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name		M. Yoo			
TOTAL AMOUNT OF PAYMENT (\$) 465 00					Art Unit					
TOTAL AMOUNT OF PAYMENT (\$) 465.00					ey Docket	4366 - 0	45857			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
FILING FEES SEARCH FEES EXAMINATION FEES										
Small Entity Small Entity Small Entity										
Application Type	n Type Fee (\$) Fee (\$) Fee (\$)			?ee (\$)	Fee (\$)	Fee (\$)		Fees 1	<u>Paid (\$)</u>	
Utility	310	75	510	255	210	105				
Design	210	105	100	50	130	65				
Plant	210	105	310	155	160	80				
Reissue	310	155	510	255	620	310			***************************************	
Provisional	210	105	0	0	0	0				
2. EXCESS CLAIM F	EES		J	Ü	U	U				
Fee Description									Small Entity	
Each claim over 20 (including Reissues)  Fee (\$) 50									Fee (\$) 25	
Each independent claim over 3 (including Reissues)									105	
Multiple dependent clair					370	185				
<u>Total Claims</u> <u>- 20 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u>				<u>\$)</u>	Fee Paid (\$)		ľ	Multiple D	ependent Claims	
LID = highest = umber of te	20 =	= 0	x	=	0			Fee (\$)	Fee Paid (\$)	
HP = highest number of to	otal claims paid	for, if greater the	nan 20.							
	or HP	Extra Clai	ms Fee	<u>(\$)</u>	Fee Paid (\$)					
UP - highest number of in	3 =	= 0	x	= _	0					
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)										
<u>Total Sheets</u> - 100 =		/ 50 =	inumber of e		onal 50 or fracti p to a whole numb		<u>f Fee</u> x	<u>(\$)</u>	Fee Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)										
Other (e.g., late fil	Other (e.g., late filing surcharge): RCE and Extension of Time fees \$465.00									
SUBMITTED BY										
		1	, , ,	Regi	stration No.					
Signature	gnature ( ) White A ( Aptendey/Agent) 28,498 Telephone 412-								71-8815	
Name (Print/Type)	Richard L.	Byrne					Date	A neil	1 28 2008	